

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

BALLARD NURSING CENTER, INC.,

v.

CARE DIAGNOSTIC SERVICES, LLC, and JOHN DOES1-10

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Ballard Nursing Center, Inc., Plaintiff

Case Number:

FILED COPY: MAY 12, 2008

08CV2749 DAJ

JUDGE ST.EVE

MAGISTRATE JUDGE COLE

NAME (Type or print) Cathleen M. Combs	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Cathleen M. Combs	
FIRM Edelman, Combs, Lattuner, & Goodwin	
STREET ADDRESS 120 S. La Salle St., 18th Floor	
CITY/STATE/ZIP Chicago, IL 60603	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 00472840	TELEPHONE NUMBER 312.739.4200
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	